

NAEMSP AIRWAY MANAGEMENT REPORTING TEMPLATE

Patient demographic information:

Date: ____/____/____ Dispatch Time: ____:____ am / pm
 EMS Service Name/No.: _____
 Pt age (yr): _____ Patient sex: ☐ M ☐ F

1. Indication for invasive airway management (check one):

☐ Apnea or agonal respirations
☐ Airway reflex compromised
☐ Ventilatory effort compromised
☐ Injury/illness involving airway
☐ Adequate airway reflexes/vent effort, but potential for compromise
☐ Other: _____

2. Was endotracheal intubation (ETI) attempted?

☐ Yes ☐ No

3. If ETI not attempted – alternate method of airway support:

☐ Bag-Valve-Mask (BVM) ☐ Combitube
☐ Needle Jet Ventilation ☐ LMA
☐ Open Cricothyroidotomy ☐ Other Cricothyroidotomy
☐ CPAP/BiPAP ☐ Not Applicable (ETI Attempted)
☐ Other: _____

4-6. Patient subsets (Select Yes/No):

Is patient in cardiopulmonary arrest on intubation? ☐ Yes ☐ No
 Is patient a victim of trauma? ☐ Yes ☐ No
 Is patient *under* 18 years old? ☐ Yes ☐ No

7-11. Vital signs prior to ETI attempt (leave blank if not obtained):

Pulse: ____ beats/min Blood Pressure: ____ / ____ mmHg
 Resp Rate: ____ breaths/min SaO₂: ____ %

12-14. Glasgow Coma Score (GCS) before intubation:

Eye: ☐ none (1) ☐ pain (2) ☐ verbal (3) ☐ spontaneous (4)
Verbal: ☐ none (1) ☐ incomprehensible (2)
☐ inappropriate words (3)
☐ disoriented (4) ☐ oriented (5)
Motor: ☐ no response (1) ☐ extends to pain (2)
☐ flexes to pain (3) ☐ withdraws from pain (4)
☐ localizes pain (5) ☐ obeys commands (6)

15. Monitoring and treatment modalities concurrent with intubation (check *all* that apply):

☐ ECG monitor ☐ Pulse-Oximetry
☐ IV access ☐ C-spine immobilization
☐ CPR (chest compressions) ☐ Gum Elastic Bougie
☐ BAAM ☐ Endotrol Tube
☐ Other: _____

17. Level of training of each rescuer attempting intubation:

Rescuer	Level of Training (check one)									
A [†]	<input type="checkbox"/> EMT-P	<input type="checkbox"/> EMT-I	<input type="checkbox"/> EMT-B	<input type="checkbox"/> Medic Student	<input type="checkbox"/> Nurse/PHRN	<input type="checkbox"/> Phys Asst	<input type="checkbox"/> MD/DO (attend)	<input type="checkbox"/> MD/DO (res)	<input type="checkbox"/> Other: _____	
B [†]	<input type="checkbox"/> EMT-P	<input type="checkbox"/> EMT-I	<input type="checkbox"/> EMT-B	<input type="checkbox"/> Medic Student	<input type="checkbox"/> Nurse/PHRN	<input type="checkbox"/> Phys Asst	<input type="checkbox"/> MD/DO (attend)	<input type="checkbox"/> MD/DO (res)	<input type="checkbox"/> Other: _____	
C [†]	<input type="checkbox"/> EMT-P	<input type="checkbox"/> EMT-I	<input type="checkbox"/> EMT-B	<input type="checkbox"/> Medic Student	<input type="checkbox"/> Nurse/PHRN	<input type="checkbox"/> Phys Asst	<input type="checkbox"/> MD/DO (attend)	<input type="checkbox"/> MD/DO (res)	<input type="checkbox"/> Other: _____	

16-18. Provide information for each laryngoscopy attempt.

FOR ORAL ROUTE, EACH INSERTION OF BLADE (LARYNGOSCOPY) IS ONE "ATTEMPT."

FOR NASAL ROUTE, EACH PASS OF TUBE PAST NARES IS ONE "ATTEMPT."

Attempt	16. ETI Method				17. Who attempted? [†]	18. Was attempt successful?
#1	<input type="checkbox"/> OTI	<input type="checkbox"/> NTI	<input type="checkbox"/> Sedation	<input type="checkbox"/> RSI	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
#2	<input type="checkbox"/> OTI	<input type="checkbox"/> NTI	<input type="checkbox"/> Sedation	<input type="checkbox"/> RSI	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
#3	<input type="checkbox"/> OTI	<input type="checkbox"/> NTI	<input type="checkbox"/> Sedation	<input type="checkbox"/> RSI	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
#4	<input type="checkbox"/> OTI	<input type="checkbox"/> NTI	<input type="checkbox"/> Sedation	<input type="checkbox"/> RSI	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate drugs given to facilitate intubation:

☐ Midazolam ____ mg ☐ Diazepam ____ mg
☐ Lidocaine ____ mg ☐ Morphine ____ mg
☐ Etomidate ____ mg ☐ Succinylcholine ____ mg
☐ Atropine ____ mg ☐ Topical Spray
☐ Other – Specify: _____ - ____ mg
☐ Other – Specify: _____ - ____ mg

19-24. Endotracheal tube confirmation.

19. Auscultation ☐ Tracheal Placement ☐ Esophageal Placement ☐ Indeterminate ☐ Not Assessed ☐ Tube not placed.
 20. Bulb Aspiration ☐ Tracheal Placement ☐ Esophageal Placement ☐ Indeterminate ☐ Not Assessed ☐ Tube not placed.
 21. Syringe Aspiration ☐ Tracheal Placement ☐ Esophageal Placement ☐ Indeterminate ☐ Not Assessed ☐ Tube not placed.
 22. Colorimetric ETCO₂ ☐ Tracheal Placement ☐ Esophageal Placement ☐ Indeterminate ☐ Not Assessed ☐ Tube not placed.
 23. Digital ETCO₂ ☐ Tracheal Placement ☐ Esophageal Placement ☐ Indeterminate ☐ Not Assessed ☐ Tube not placed.
 24. Waveform ETCO₂ ☐ Tracheal Placement ☐ Esophageal Placement ☐ Indeterminate ☐ Not Assessed ☐ Tube not placed.
 Other: _____ ☐ Tracheal Placement ☐ Esophageal Placement ☐ Indeterminate ☐ Not Assessed ☐ Tube not placed.

25. Peak ETCO₂ value: _____ ☐ Indeterminate

26. Was ETI successful for the overall encounter (on transfer of care to ED or helicopter)?

☐ Yes ☐ No

27. Who determined the final placement (location) of ET tube?

☐ Rescuer performing intubation.
☐ Another rescuer on the same team.
☐ Receiving helicopter crew.
☐ Receiving hospital team.
☐ Other: _____

28-32. Vital signs after intubation attempt:

Pulse: ____ beats/min Blood Pressure: ____ / ____ mmHg
 Resp Rate: ____ breaths/min SaO₂: ____ %

33. Critical complications encountered during airway management (Check *all* that apply):

☐ Failed intubation effort.
☐ Injury or trauma to patient from airway management effort.
☐ Adverse event from facilitating drugs.
☐ Esophageal intubation – delayed detection (after tube secured).
☐ Esophageal intubation – detected in ED.
☐ Tube dislodged during transport/patient care.
☐ Other: _____

34. If all intubation attempts FAILED, indicate suspected reasons for failed intubation (check all that apply):

☐ Inadequate patient relaxation ☐ Orofacial trauma.
☐ Inability to expose vocal cords. ☐ Secretions/blood/vomit.
☐ Difficult pt anatomy. ☐ Unable to access pt.
☐ ETI attempted, but arrived at destination facility before accomplished.
☐ Not applicable – Successful field ETI ☐ Other: _____

35. If all intubation attempts FAILED, indicate secondary (rescue) airway technique used (check all that apply):

☐ Bag-Valve-Mask (BVM) Ventilation ☐ Needle/Jet Ventilation
☐ Combitube ☐ Open Cricothyroidotomy
☐ Not applicable – Successful field ETI ☐ Other: _____

36. Did secondary (rescue) airway result in satisfactory ventilation?

☐ Yes ☐ No ☐ Not applicable

37-38. Airway Management Times

Time of decision to intubate: ____:____ am / pm
 Time of successful intubation: ____:____ am / pm
 Time intubation abandoned: ____:____ am / pm